

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727377

**Entity Name:** GATEWAY ARMS HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1900 N.E. 8TH COURT  
FT. LAUDERDALE, FL 33304

**Current Mailing Address:**

3837 HOLLYWOOD BLVD  
SUITE A  
HOLLYWOOD, FL 33021 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COMMAND ASSOCIATION MANAGEMENT, LLC  
3837 HOLLYWOOD BLVD  
SUITE A  
HOLLYWOOD, FL 33021 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** SCOTT B. ROBERTS

06/21/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HARDAWAY, TOM  
Address        1900 NE 8TH COURT  
                  APT #310  
City-State-Zip: FORT LAUDERDALE FL 33304

Title            VP  
Name            WALKER, CHERYL  
Address        1900 NE 8TH COURT  
                  APT #310  
City-State-Zip: FT LAUDERDALE FL 33304

Title            SECRETARY  
Name            PEACH, SHARYN  
Address        1900 N.E. 8TH COURT  
                  APT #310  
City-State-Zip: FT. LAUDERDALE FL 33304

Title            DIRECTOR  
Name            SIMMER, SCOTT  
Address        PO BOX 122015  
City-State-Zip: FT. LAUDERDALE FL 33312

Title            TREASURER  
Name            KELLER, TERRY  
Address        1900 N.E. 8TH COURT  
                  APT #310  
City-State-Zip: FT. LAUDERDALE FL 33304

Title            AGENT  
Name            ROBERTS, SCOTT  
Address        3837 HOLLYWOOD BLVD  
                  SUITE A  
City-State-Zip: HOLLYWOOD FL 33021

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SCOTT B ROBERTS

AGENT

06/21/2020

Electronic Signature of Signing Officer/Director Detail

Date